

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 24, 2003

Re: IRO Case # M2-03-1101-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 57-year-old female who suffered a twisting injury of her left knee at work on ___. She suffered from chronic pain in her left knee. She underwent evaluation and treatment by the treating doctor. Initial MRI of the left knee on 11/20/00 demonstrated a grade I MCL sprain, severe lateral compartment degenerative joint disease with prior surgical lateral meniscectomy, and inflammation around the iliotibial band on the lateral side of the knee. Over the next year the patient underwent treatment with left knee arthroscopy, anti-inflammatory medication and viscosupplementation using synvisc.

She continued to suffer from chronic left knee pain and underwent a left total knee arthroplasty on 4/17/02. Following knee replacement surgery, the patient underwent supervised physical therapy.

She attended 36 outpatient visits with the physical therapist. According to her last physical therapy note, she had 0 to 127 degrees of motion in the left knee. The patient was reported to be only 25% compliant with her home program.

The patient was prescribed an RS-4i interferential muscle stimulator on 12/20/02 to help improve the patient's range of motion, decrease subjective pain, and improve muscle strength.

Requested Service

Purchase of an RS-4i Sequential Stimulator, a 4-channel combination muscle stimulator and interferential unit

Decision

I agree with the carrier's decision to deny the RS-4i interferential muscle stimulator.

Rationale

The reported benefits of the muscle stimulator have not been proven for the treatment of chronic pain. I would agree that the muscle stimulator would be beneficial in the prevention and retardation of muscle atrophy as well as help with muscle re-education. However, the same may be accomplished with a home exercise program designed to utilize the muscles around the affected left knee. Only physical exercise has been shown to improve range of motion following a total knee arthroplasty. In my opinion, the stimulator may be helpful in the prevention of muscular atrophy, but it is not medically necessary in this case. The patient must take part in her rehabilitation. Compliance with a good home physical exercise program will result in all that could be accomplished by the muscle stimulator.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012.

A copy of this decision should be attached to the request. The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 24th day of June 2003.